



**UNITED STATES PATENT AND TRADEMARK OFFICE**

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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**\*BIBDATASHEET\***

Bib Data Sheet

**CONFIRMATION NO. 5914**

SERIAL NUMBER 09/049,696	FILING DATE 03/27/1998 RULE	CLASS 514	GROUP ART UNIT 1631	ATTORNEY DOCKET NO. 6067.US.O1
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**APPLICANTS**

PATRICIA A. BILLING-MEDEL, GURNEE, IL;

MAURICE COHEN, HIGHLAND PARK, IL;  
TRACEY L. COLPITTS, ROUND LAKE, IL; PAULA N. FRIEDMAN, DEERFIELD, IL;  
MICHAEL R. KLASS, LIBERTYVILLE, IL;  
LISA ROBERTS-RAPP, GURNEE, IL;  
JOHN C. RUSSELL, KENOSHA, WI;  
STEPHEN D. STROUPE, LIBERTYVILLE, IL;

**\*\* CONTINUING DATA \*\*\*\*\***

*Examiner this application is a CIP of SN 08/829754 filed 3/1/97, now abandoned*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*Note*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

**\*\* 04/07/1998**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IL	SHEETS DRAWING 9	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 12
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials					

**ADDRESS**

23492  
ABBOTT LABORATORIES  
DEPT. 377 - AP6D-2  
100 ABBOTT PARK ROAD  
ABBOTT PARK, IL  
60064-6050

**TITLE**

REAGENTS AND METHODS USEFL FOR DETECTING DISEASES OF THE GASTROINTESTINAL TRACT

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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 JOHN C. RUSSELL, KENOSHA, WI;  
 STEPHEN D. STROUPE, LIBERTYVILLE, IL;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 08/829,754 03/31/1997 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 04/07/1998

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 9	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 12
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature Initials				

**ADDRESS**

23492

**TITLE**

REAGENTS AND METHODS USEFUL FOR DETECTING DISEASES OF THE GASTROINTESTINAL TRACT

FILING FEE RECEIVED 1658	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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